MEDI-CAL UPDATE

Pharmacy
Bulletin 570

Billing and Policy
Pharmacy Bulletin 570 **November 2003**

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Articles with related Part 1 Manual Replacement Pages may be found in the "Program and Eligibility" bulletin. Articles with related Part 2 Manual Replacement Pages may be found in the "Billing and Policy" bulletin. The Medi-Cal Update *may not always contain a "Billing and Policy" section.*

Benefits Identification Card: Psychiatric Drugs Exclusion

Effective for dates of service on or after December 1, 2003, claims including the following psychiatric drugs do not require an issue date and may be billed with either the recipient's Social Security Number or BIC ID number:

Amantadine HCl
Amitriptyline HCl
Aripiprazole
Benztropine Mesylate
Biperiden HCl
Bupropion HCl
Buspirone HCl
Carbamazepine
Chlorpromazine HCl
Citalopram Hydrobromide
Clomipramine HCl
Clonidine HCl
Clozapine
Desipramine HCl
Diphenhydramine HCl
Divalproex Sodium
Donepezil HCl
Doxepin HCl
Escitalopram Oxalate
Fluoxetine HCl
Fluphenazine Decanoate
Fluphenazine HCl
Fluvoxamine Maleate
Gabapentin
Haloperidol
Haloperidol Decanoate
Haloperidol Lactate
Hydroxyzine HCl
Imipramine HCl
Isocarboxazid
Lamotrigine
Lithium Carbonate
Lithium Citrate
Loxapine Succinate
Mesoridazine Besylate
Mirtazapine
Molindone HCl
Nefazodone HCl
Olanzapine
Oxcarbazepine
Paroxetine HCl
Perphenazine
Phenelzine
Pimozide
Quetiapine Fumarate
Risperidone
Rivastigmine Tartrate
Sertraline HCl
Thioridazine HCl
Thiothixene
Topiramate
Tranylcypromine
Trazodone HCl
Trifluoperazine HCl
Trihexyphenidyl HCl
Valproate Sodium
Valproic Acid
Venlafaxine HCl
Ziprasidone HCl

The Department of Health Services (DHS) Medical Review Branch continues to issue replacement Medi-Cal Benefits Identification Cards (BICs) in an ongoing effort to nullify BICs that may have been stolen or misused. As a general safeguard, there is a claims payment requirement when determining recipient eligibility for use of all but select drugs and services. This claims payment requirement was outlined in the July 2003 *Medi-Cal Update* in an article titled "Benefits Identification Card: Billing Reminder" and is repeated as follows.

Please see **BIC**, *page 2*

BIC *(continued)*

When verifying eligibility for recipients who receive new cards, the Automated Eligibility Verification System (AEVS) will return the eligibility message, "For claims payment, current BIC ID number and date of issue required." Providers must have and use the BIC ID number and issue date from the new card when verifying recipient eligibility. All but excluded providers must have and use the BIC ID number and issue date from the new card when submitting claims for reimbursement. If the BIC ID number and issue date of the new card are not on the claim for recipients whose card returns the message, "Current BIC ID number and issue date required for payment," the claim will be denied.

The following provider types are not required to provide an issue date on the claim and may bill with either the recipient's Social Security Number or BIC ID number: Emergency Air Ambulance Transportation, Alternative Birthing Centers, Community Hospital Inpatient, Community Hospital Outpatient, County Hospital Inpatient, County Hospital Outpatient, Genetic Disease Testing, Emergency Ground Transportation, Certified Hospice, Long Term Care Facility and Mental Health Inpatient. For all other provider types, the ID number and issue date of the card must be placed on all claims, as follows:

- **Paper Claims:** Enter the BIC ID number in the *Medi-Cal Identification Number* field (Box 6) and enter the issue date in the *Specific Details/Remarks* area. Identify the issue date in the "mmddyy" format.
- **CALPOS Pharmacy Claims:** Enter the BIC ID number in the *Recipient ID* field. The issue date must be placed in the *Issue Date* field per the current *Medi-Cal Point of Service Network Interface Specifications* for CALPOS pharmacy claims.
- **Computer Media Claims (CMC):** Enter the BIC ID number in the *Recipient ID* field. The BIC issue date must be placed in the *Remarks* area. Left-justify and enter the words "BIC ISSUE DATE" and identify the issue date in the "mmddyy" format.

For assistance with eligibility, the Automated Eligibility Verification System (AEVS), Point of Service (POS) device or Medi-Cal Web site, **www.medi-cal.ca.gov**, call the POS/Internet Help Desk at 1-800-427-1295. If illegal use of a BIC is suspected, or if there are questions about this policy, call the Provider Support Center (PSC) at 1-800-541-5555.

Gastric Suction Pumps: New HCPCS Code

Effective for dates of service on or after September 22, 2003, claims for gastric suction pumps must be billed with HCPCS code E2000 (gastric suction pump, home model, portable or stationary, electric). If providers obtained a *Treatment Authorization Request* (TAR) under a different procedure code, and provided the TAR after September 22, 2003, the TAR field office should be contacted to modify the procedure code on the TAR to be in agreement with the new code. *This information is reflected on manual replacement pages dura cd 16 (Part 2) and medi non hcp 1 (Part 2).*

Compound Drug Claims: Policy Reminder

Effective for dates of service on or after April 1, 2004, claims for compound drugs must be submitted using the following methods:

- The real-time Point of Service (POS) network using the National Council for Prescription Drug Programs (NCPDP) Version 5.1 standard and the pharmacy's computer software
- The Real-Time Internet Pharmacy (RTIP) application, using the pharmacy computer and Internet browser; or
- The new *Compound Drug Pharmacy Claim Form* (30-4).

The 30-4 claim forms can be ordered by calling the Provider Support Center (PSC) at 1-800-541-5555.

Note: Medi-Cal will continue to accept paper compound drug claims billed on a *Pharmacy Claim Form* (30-1) with an attachment through March 31, 2004, to give providers time to upgrade their systems to the new standard.

Please s*ee* **Compound**, *page 3*

Compound *(continued)*

Container Count

The maximum container count that may be billed on one intravenous or intra-arterial (IV) compound drug claim is 20. Claims with a container count over 20 will be denied with a National Council for Prescription Drug Programs (NCPDP) message indicating that the quantity is missing or invalid. This limit applies to multi-ingredient IV claims only. The limit for single ingredient IV claims is seven. Claims that require larger container counts will require an approved *Treatment Authorization Request* (TAR).

Note: Non-IV compound drug claims are not reimbursed on a per-container basis.

Compound Drugs and the Six-Prescription Limit

With a few exceptions, recipients are limited to six prescriptions a month without an approved TAR. Claims that must be billed on paper are exempt from this limit. Since compound pharmacy claims can now be billed electronically, the six-prescription limit must now apply to compound drug claims. Therefore, effective for dates of service on or after September 22, 2003, compound drugs billed electronically or using the new 30-4 claim form are no longer exempt from the six-prescription limit.

Note: Compound drugs billed using the old format are exempt from the six-prescription limit through March 31, 2004, after which time providers must begin using the new claim standard.

Prosthetic Appliances Repair: Billing Reminder

Providers are reminded that Medi-Cal replaced HCPCS code L7500 (repair of prosthetic device, hourly rate) with code L7520 (repair prosthetic device, labor component, per 15 minutes), effective with the September 22, 2003 Medi-Cal implementation of the 2003 HCPCS update. Providers must bill Medi-Cal for prosthetic labor using code L7520. Reimbursement is $8.75 per 15-minute unit. Up to three hours of labor time (12 units) may be billed without medical justification. *This information is reflected on manual replacement page ortho 5 (Part 2).*

Use of Modifiers: Billing Reminder

Up to four two-character modifiers may be entered in the modifier fields, Box 24D of the *HCFA 1500* or Box 44 of the *UB-92 Claim Form.* All modifiers must be entered immediately after the procedure code. Information that overflows into other fields (especially additional modifier fields) will cause the claim to suspend and a *Resubmission Turnaround Document* (RTD) will be issued.

Specific modifiers identified in the billing instructions should be entered in the first modifier field.

When providers bill multiple modifiers for a service not specified in the Medi-Cal billing instructions as needing multiple modifiers, providers must follow existing Medi-Cal policy and enter the specific modifier in the first modifier field. If the billing instructions require a service to be billed with a specified modifier, that modifier must be entered in the first field.

Medi-Cal Field Office: Address Change

Effective September 22, 2003, the San Francisco Medi-Cal Field Office address has changed, as follows:

San Francisco Medi-Cal Field Office (SFMCFO)
575 Market Street, Suite 400
San Francisco, CA 94105-2823

All telephone numbers remain the same. *Treatment Authorization Requests* (TARs) formerly sent to 185 Berry Street, Suite 290, should be sent to the new address.

This information is reflected on manual replacement page tar field 9 (Part 2.

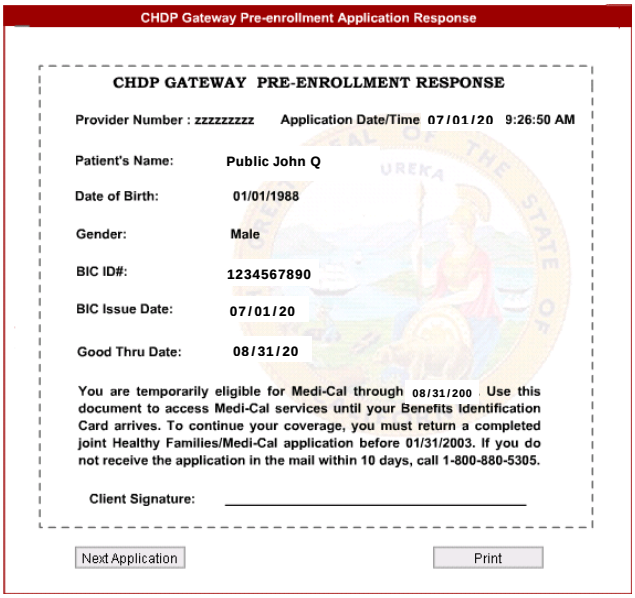
CHDP Gateway: Pre-Enrollment Reminder

Since July 1, 2003, Child Health and Disability Prevention (CHDP) program providers have been able to pre-enroll children in the Medi-Cal program using the new *Child Health and Disability Prevention (CHDP) Program Pre-Enrollment Application* (DHS 4073, revised 7/03) either on the Medi-Cal Web site (**www.medi-cal.ca.gov**) or through the Point of Service (POS) network. Children younger than 19 years of age who are pre-enrolled in Medi-Cal at the time of a CHDP health assessment are eligible to receive either full-scope, no-cost Medi-Cal benefits and dental coverage or CHDP and emergency Medi-Cal services for up to two months.

During a child's CHDP health assessment visit, a provider electronically submits pre-enrollment information and receives an immediate response indicating the child's eligibility status. An eligible child will receive coverage for up to two months (during the month of application and the subsequent month).

If a child is eligible for Medi-Cal benefits, a Benefits Identification Card (BIC) number is included in the eligibility response and the provider prints an Immediate Need Eligibility Document for the child from the Web site or POS device.

Any Medi-Cal provider can provide service to children by presenting one of the documents below. Use the BIC number that appears on the document to verify eligibility for services such as office visits, optometric exams or prescriptions.



CHDP Gateway Pre-enrollment Application Response

CHDP GATEWAY PRE-ENROLLMENT RESPONSE

Provider Number : zzzzzzzzz Application Date/Time 07/01/20 9:26:50 AM

Patient's Name: Public John Q

Date of Birth: 01/01/1988

Gender: Male

BIC ID#: 1234567890

BIC Issue Date: 07/01/20

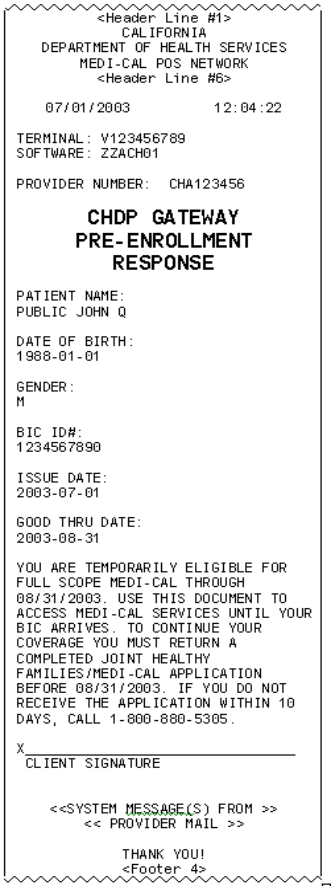
Good Thru Date: 08/31/20

You are temporarily eligible for Medi-Cal through 08/31/200 . Use this document to access Medi-Cal services until your Benefits Identification Card arrives. To continue your coverage, you must return a completed joint Healthy Families/Medi-Cal application before 01/31/2003. If you do not receive the application in the mail within 10 days, call 1-800-880-5305.

Client Signature: _____

Next Application Print

Sample. Immediate Need Eligibility Document via Medi-Cal Web site.



<Header Line #1>
CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
MEDI-CAL POS NETWORK
<Header Line #6>

07/01/2003 12:04:22

TERMINAL: V123456789
SOFTWARE: ZZACH01

PROVIDER NUMBER: CHA123456

CHDP GATEWAY
PRE-ENROLLMENT
RESPONSE

PATIENT NAME:
PUBLIC JOHN Q

DATE OF BIRTH:
1988-01-01

GENDER:
M

BIC ID#:
1234567890

ISSUE DATE:
2003-07-01

GOOD THRU DATE:
2003-08-31

YOU ARE TEMPORARILY ELIGIBLE FOR FULL SCOPE MEDI-CAL THROUGH 08/31/2003. USE THIS DOCUMENT TO ACCESS MEDI-CAL SERVICES UNTIL YOUR BIC ARRIVES. TO CONTINUE YOUR COVERAGE YOU MUST RETURN A COMPLETED JOINT HEALTHY FAMILIES/MEDI-CAL APPLICATION BEFORE 08/31/2003. IF YOU DO NOT RECEIVE THE APPLICATION WITHIN 10 DAYS, CALL 1-800-880-5305.

X_____
CLIENT SIGNATURE

<<SYSTEM MESSAGE(S) FROM >>
<< PROVIDER MAIL >>

THANK YOU!
<Footer 4>

Sample. Immediate Need Eligibility Document via POS device.

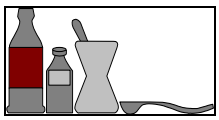
Please see **CHDP**, *page 5*

CHDP *(continued)*

Provider Assistance

For questions regarding POS or Internet requirements, contact the POS/Internet Help Desk at 1-800-427-1295, seven days a week, from 6 a.m. to midnight.

Please refer to the Medi-Cal Web site (**www.medi-cal.ca.gov**) for more information about the CHDP program. Providers who are interested in becoming CHDP providers can contact their local CHDP program. Please visit **www.dhs.ca.gov/chdp** for a list of local CHDP programs.



DRUG **U**SE **R**EVIEW
***E**ducational **I**nformation*

Vacancies for the Medi-Cal Contract Drug Advisory Committee and Drug Use Review Board

Medi-Cal has a unique opportunity for physicians and pharmacists to improve California's public health by serving on the Medi-Cal Contract Drug Advisory Committee (MCDAC) and the Medi-Cal Drug Use Review (DUR) Board. Medi-Cal has vacancies for the following:

- **One physician and one pharmacist on the Medi-Cal Contract Drug Advisory Committee (MCDAC)**

  The MCDAC provides expert advice to Medi-Cal in its evaluation of drugs for addition to the Medi-Cal List of Contract drugs. Committee members do most of their work by mail, with face-to-face meetings typically no more often than once a year. For information about the roles and responsibilities of this committee, go to: **http://www.dhs.cahwnet.gov/mcs/mcpd/MBB/contracting/word/procedur.doc**

- **Two pharmacist advisors on the Medi-Cal Drug Use Review (DUR) Board**

  The DUR Board has important influence on how drugs are used in California. By providing expert advice on policies set for Medi-Cal's prospective DUR system, and through analysis of data and educational programs, Medi-Cal's DUR Board members improve the health of Californians, while helping to control costs. Board members typically attend four meetings annually, either in Sacramento or by conference call. For more information about the roles and responsibilities of this board, go to: **http://files.medi-cal.ca.gov/pubsdoco/dur/DUR_about.asp**

These positions are not salaried, but travel expenses are reimbursed. Here's a chance to make a difference!

Pharmacists and physicians interested in volunteering for either of these important committee positions can mail or e-mail their resumes and/or curriculum vitae to:

Linda Olsen
MSC 4604
P.O. Box 943732
Sacramento CA 94234-7320
Email: lolsen@dhs.ca.gov

Resumes may also be hand-delivered to:

Linda Olsen
Department of Health Services
MSC 4604
1501 Capitol Avenue, Room 71-3041
Sacramento, CA 94234-7320

Questions may be directed to Vic Walker at (916) 552-9500 or via e-mail at vwalker@dhs.ca.gov.

Laboratory Testing: Deletions and Restrictions

Effective for dates of service on or after December 1, 2003, CPT-4 codes 83001 (gonadotropin; follicle stimulating hormone [FSH]), 83002 (gonadotropin; luteinizing hormone [LH]) and 84146 (prolactin) will be updated to reflect the following reimbursement deletions and restrictions for Family PACT (Planning, Access, Care and Treatment) Program providers:

- CPT-4 code 83001 (FSH) will not be reimbursed in conjunction with primary diagnosis codes S101 – S102, S201 – S202, S301 – S302 and S701 – S702. In addition, code 83001 for primary diagnosis codes S901 – S902, is restricted to one test per year for the same recipient by the same provider.
- CPT-4 code 83002 (LH) will not be reimbursed by the Family PACT Program.
- CPT-4 code 84146 (prolactin) will not be reimbursed in conjunction with primary diagnosis codes S101 – S102, S201 – S202 and S301 – 302. In addition, code 84146, for primary diagnosis codes S901 – S902, is restricted to one test per year for the same recipient by the same provider.

Replacement pages for the *Family PACT: Policies, Procedures and Billing Instructions* (PPBI) manual will be issued in a future mailing to Family PACT providers. For more information about the Family PACT Program, please call the Provider Support Center (PSC) Hotline at 1-800-541-5555 (option "17") from 8 a.m. to 5 p.m., Monday through Friday, except holidays, or visit the Family PACT Web site at **www.familypact.org**.

Provider Orientation and Update Sessions

The Family PACT (Planning, Access, Care and Treatment) Program was established in January 1997 to expand access to comprehensive family planning services for low-income California residents.

To be eligible to enroll as a medical provider in the Family PACT Program, the Medi-Cal provider seeking enrollment is required to attend a Provider Orientation and Update Session. When a group provider wishes to enroll, a physician-owner must attend the session. When a clinic wishes to enroll, the medical director or clinician responsible for oversight of the medical services rendered in connection with the Medi-Cal provider number is required to attend.

Office staff members, such as clinic managers and receptionists, are encouraged to attend but are not eligible to receive a *Certificate of Attendance*. Currently enrolled clinicians and staff are encouraged to attend to remain up to date with program policies and services.

Note: Medi-Cal laboratory and pharmacy providers are automatically eligible to participate in the Family PACT Program without attending an orientation session.

Please see **Provider Orientation**, *page 7*

Provider Orientation *(continued)*

Dates and Locations

The following dates and locations are scheduled through February 2004:

November 19, 2003
Redding
Red Lion Hotel
1830 Hilltop Drive
Redding, CA 96002
For directions, call
(530) 221-8700

December 4, 2003
Riverside
Riverside Marriott
3400 Market Street
Riverside, CA 92501
For directions, call
(909) 784-8000

January 14, 2004
Yuba City
Best Western Bonanza Inn
1001 Clark Avenue
Yuba City, CA 95991
For directions, call
(530) 933-5209

February 24, 2004
Anaheim
Radisson Hotel Maingate
1850 South Harbor
Anaheim, CA 92802
For directions, call
(717) 750-2801

Check-in begins at 8 a.m. All orientation sessions start promptly at 8:30 a.m. and end by 4:30 p.m. The session covers Family PACT provider enrollment and responsibilities, client eligibility and enrollment, special scope of client services and benefits, provider resources and client education materials. This is not a billing seminar.

Provider Orientation and Update Session Registration

Providers should call the Center for Health Training at (510) 835-3795, ext. 113, to register for the session they plan to attend. Providers must supply the name of the Medi-Cal provider or facility, the Medi-Cal provider number, a contact telephone number, the anticipated number of people who will be attending and the location of the orientation session. At the session, providers must present their Medi-Cal provider number, medical license number and photo identification. Individuals representing a clinic or physician group should use the clinic or group Medi-Cal provider number, not the individual provider number or license number.

Completing the Provider Orientation and Update Session

Upon completion of the orientation session, each prospective new Family PACT medical provider will be mailed a *Certificate of Attendance*. Providers should include the white copy of the *Certificate of Attendance* when submitting the Family PACT application and agreement forms (available at the session) to Provider Enrollment Services.

Providers arriving late or leaving early will not be mailed a *Certificate of Attendance.* Currently enrolled Family PACT providers will not receive a certificate.

Family PACT Contact Information

For more information regarding the Family PACT Program, please call the Provider Support Center (PSC) Hotline at 1-800-541-5555 (prompt option "17") from 8 a.m. to 5 p.m., Monday through Friday, except holidays, or visit the Family PACT Web site at **www.familypact.org**.

Instructions for Manual Replacement Pages
Pharmacy Bulletin 570 **November 2003**

Part 2

Remove and replace:
dura cd 15/16
medi non hcp 1/2
ortho 5/6
tar field 9/10